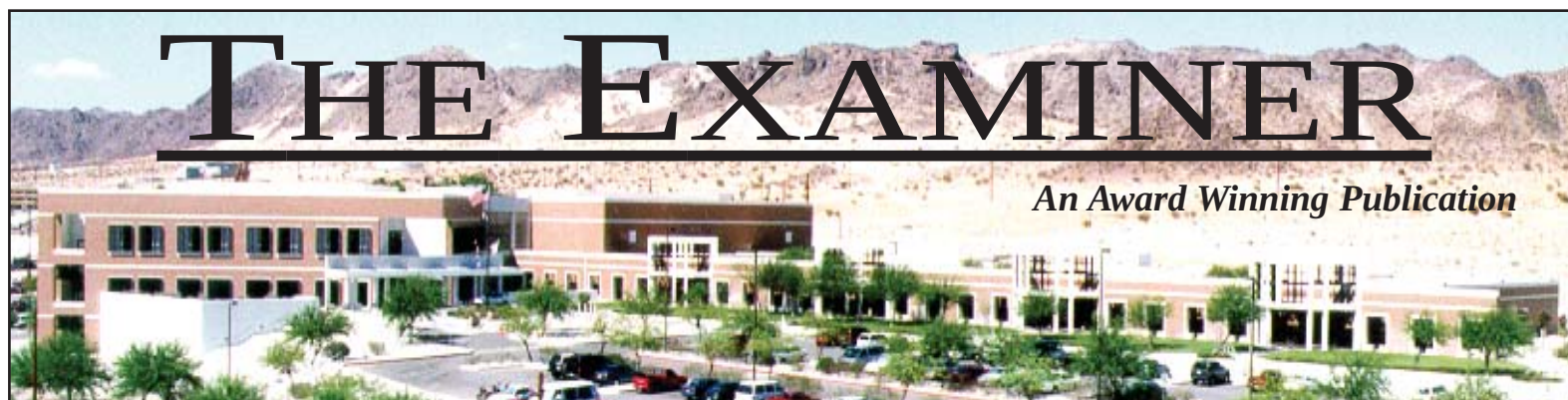




Robert E. Bush
Naval Hospital



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE website.
- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics, or directly to the Joint Commission via: E-mail at complaint@jointcomission.org Fax: 630-792-5636

The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

To report Fraud, Waste and Abuse contact one of the below offices by calling:

Naval Hospital: 760-830-2764
Combat Center: 760-830-7749
NavMedWest: 1-877-479-3832
Medical IG: 1-800-637-6175
DoD IG: 1-800-424-9098

Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGTFTC
Twentynine Palms, CA 92278-8250

The Hospital Emergency Medicine Department is a Busy Place

By Dan Barber
Public Affairs Officer
Robert E. Bush Naval Hospital

One of the important benefits of serving in the U.S. Military is the health care provided to active duty service members and their



Cmdr. Raul Carrillo, Dept. Head
and Navy Nurse.



Lt. Cmdr. Anthony Bielawski, Navy
Physician.

families as well as eligible military retirees and their families.

Here at the Marine Corps Air Ground Combat Center the Robert E. Bush Naval Hospital provides an Emergency Medicine Department (EMD) staffed with highly trained individuals. "The Emergency Medicine Department employs a mix of both military and civilian staff," said Commander Raul Carrillo, a Nurse Corps Officer and Department Head for the



Lt.j.g. Robyn Correll, Navy Nurse.

EMD. "All are highly trained, with all the physicians being board certified in Emergency Medicine. Both the civilian and military nurses are registered nurses and are also trained in Emergency Medicine. The



Lt. Cmdr. Brian Drummond,
Navy Physician.

corpsmen also receive specialized training to work in the department," he added.

A typical 12 hour shift in the hospital's EMD is staffed with one certified emergency medi-

Continued on page 5

Patients seen in March -- 13,903

Appointment No Shows in March -- 900

In March we inched up a bit to 6.1 percent of patient appointment no shows. We need to trend downward by keeping the appointments we make, or by canceling in enough time for someone else to use the slot...

To make an appointment call -- 760-830-2752

To cancel an appointment call -- 760-830-2369



Lt. Sarah Certano, Navy Nurse and Allison Jackson, civilian Registered Nurse.

WBGT Index Available on Hospital Website

By Dan Barber
Public Affairs Officer
Robert E. Bush Naval Hospital

Just in case you haven't noticed, we are now fast approaching the summer season here... it's important to pay attention to your environment to prevent heat stroke.

The Heat Condition Flag Warning System, determined by the Wet Bulb Globe Temperature Index (WBGT) reading, on the Combat Center is set up to help you determine your safe daily outdoor activities in the summer months.

The Robert E. Bush Naval Hospital also constantly monitors the 'Mainside' WBGT in

real time making it available on the hospital's internet at: <https://admin.med.navy.mil/sites/nhttp/Pages/default.aspx> from May 1 Sept. 30.

The WBGT index consists of a combination of readings from thermometers, providing temperatures for dry, humid and radiant heat. These three temperatures are combined in a standard formula providing a more accurate reading of heat stress intensity, known as the WBGT Index.

Safety concerns with heat and PT are very real, especially in a desert environment. Dehydration is a constant threat when exercising in the heat. Since thirst occurs too late to be a good indicator of excessive water loss

from the body, be sure to weigh yourself regularly during hot weather, especially if you're doing a lot of intense physical activity.

There is no specific temperature beyond which you should not exercise. People have become heat casualties even in subfreezing temperatures because they were overdressed. Any circumstances that cause your body's heat production to exceed its capability to cool off will often result in heat stress.

To alert Combat Center members of hazardous heat conditions, the following flags are flown to indicate readings and control physical activity:

Green Flag -- WBGT Index Temperatures range from 80-84.9 -- Unrestricted physical activity may be carried out.

Yellow Flag -- WBGT Index Temperatures range from 85-87.9 -- Physical activity should

be limited to those people who have been exercising in similar heat for a minimum of 10 days or more.

Red Flag -- WBGT Index Temperatures range from 88-89.9 -- Physical activity is advised only for members who have been working out in similar heat conditions for a period of 12 weeks or more.

Black Flag -- WBGT Index Temperatures range 90 and above -- Vigorous outdoor exercise, regardless of conditioning or heat acclimatization, is not advisable.

Combat Center members should be advised to note the flag, which is indicated on the hospital's web site before beginning outdoor workouts on Main side in the summer months. For Camp Wilson and Ranges, check with Marine Wing Support Squadron -- 374 (MWSS-374) Weather Office at

760-830-7809, as geographic locations on the base cause the WBGT Index to vary.

Although you do not have a choice about the characteristics of work clothing or gear, do not use a vapor barrier (rubber) suit as an aide for weight reduction while exercising. Exercising in a rubberized suit may result in severe dehydration and elevate your core body temperature. Wearing these suits also will not help you with your weight reduction program since the decrease in weight is due to a very temporary loss of fluid, not fat loss. If you are required to wear NBC gear or body armor you should add 10 points to the WBGT Index to determine your training activities.

For more information on the WBGT Index call the Hospital's Preventive Medicine Department at 760- 830-2236.

Medical Home Blue Team Appointments Will be Limited for week of May 7

During the week of May 7, some of the Blue Team providers will undergo training for responding to incidents or accidents involving Hazardous Materials.

Because of this training, medical appointments will be limited within the Family Medicine Blue team.

Other hospital services will not be affected. Patients can contact the appointment line at 760-830-2752, Relay Health at Naval Hospital 29 Online, or TRICARE Online to set up appointments, request lab results or prescription renewals or to communicate with a member of their Medical Home team.

Thank you for your understanding while our providers learn these critical skills.

You have the Power?

Did you know that you have the power to influence how you are cared for at the Robert E. Bush Naval Hospital?

If you have recently received health care at the hospital you may receive a patient satisfaction survey form from the Navy's Bureau of Medicine and Surgery regarding your visit.

Your opinion about the service you received is very important to the staff here at the hospital and to our leadership in Washington, D.C. Please take a few minutes to complete and return the survey, noting our strengths and probably more importantly recommendations for areas we need to improve. This data is very important to the leaders of the hospital.

If you have any questions or concerns whenever you receive care here, you are always welcome to speak to the command's Customer Relations Representative, Mr. Bob Greger. He can be reached at 760-830-2475. You can also leave a comment with the Marine Corps Air Ground Combat Center's ICE system and your questions or concerns will be promptly answered.

Your opinion counts with us and for you.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Thirteen members from Naval Hospital deploy in support of Pacific Partnership

By Lt.j.g. Ashley Robertson, NC
Director Nursing Services -- Public Affairs Representative
Robert E. Bush Naval Hospital

This month several members of the Robert E. Bush Naval Hospital deployed on the USNS Mercy to the Western Pacific in support of Pacific Partnership 2012. They are Lieutenant Sarah Bialobok, Lieutenant junior grade Kimberly Burnes, Culinary Specialists 2nd Class Damien Cantrell and Sergio Morales, Information

Technician 2nd Class Matthew Colvard, Logistics Support Technician 3rd Class Maxwell Hass, Culinary Specialist 3rd Class Charlene Morehead, Hospital Corpsman 3rd Class Andrew Taraski, Hospitalman Thomas Hess, Trevin Lovett, and David Guerrero, Hospitalman John Miller, and Hospitalman Apprentice Crista Pena will join the crew of the USNS Mercy to embark on a six month deployment.

The U.S. Navy's Pacific Partnership is the dedicated humanitarian and civic assistance mission conducted with and through partner nations, non-governmental organiza-

tions and other U.S. and international government agencies to execute a variety of humanitarian civic action missions in the Pacific Fleet area of responsibility.

Pacific Partnership is designed to strengthen alliances, improve U.S. and partner capacity to deliver humanitarian assistance and disaster relief and improve security cooperation among partner nations.

Pacific Partnership 2012 will provide healthcare assistance and environmental sustainability from aboard the hospital ship USNS Mercy to the nations of Indonesia, Philippines, Vietnam and Cambodia.

Snake Safety for Both you and the Snake

By Martha Hunt, MA CAMF
Health Promotions Coordinator
Robert E. Bush Naval Hospital

Snakes can be scary! You may have come to the desert for the first time and think they are lurking in every crack and crevice waiting to attack! Not all snakes are harmful to humans and in the end - snakes are a necessary part of the beautiful desert we live in.

Here is some helpful information to help you avoid a dangerous encounter with a snake and what to do if you do encounter one.

Snakes love to hide and burrow where it is quiet, dark and cool. The Center for Disease Control (CDC) estimates that 7,000 to 8,000 people per year receive venomous bites in the United States, and about five of those people die.

Approximately 3,000 of these bites are classed as 'illegitimate,' meaning these bites occurred while the victim was handling or molesting the snake. Don't tease snakes! They bite to defend themselves and the snake usually ends up paying for your teasing with its life.

Who is most likely to be bitten?

The most common picture of someone bit by a snake is a here in the Mojave Desert is a young male who has been recently drinking.

Of those snake bites that are not provoked by people, most are below the knee and half are dry (meaning that no venom was injected). Squeezing the venom glands to inject is a voluntary act on the snakes' part meaning that strikes against humans are generally defensive actions. Young snakes, however, tend to inject venom with every bite as they haven't learned when to inject venom and when not to.

All snake bites are medical emergencies whether it is a poisonous snake or a non-poisonous snake! Snake bites can cause severe local tissue damage and require follow-up care.

Here are helpful tips if you are ever bitten by a snake:

- * If you or someone you know is bitten, try to see and remember the color and shape of the snake.
- * Do not pick up a snake or try to trap it. If you see a snake, back away from it slowly and do not touch it. If the snake is in your home, on base call PMO, if off base contact Animal Control or the San Bernardino County Sheriff's office.

What are the signs of snake bites?

Depending on the type of snake, the signs and symptoms may include:

- * A pair of puncture marks at the wound
- * Redness and swelling around the bite
- * Severe pain at the site of the bite
- * Nausea and vomiting
- * Labored breathing (in extreme cases, breathing may stop altogether)
- * Disturbed vision
- * Increased salivation and sweating
- * Numbness or tingling around your face and/or limbs

According to the CDC, if a snake bite occurs try to see and remember the color and shape of the snake, which can help with treatment of the snake bite. Keep the bitten person still and calm. This can slow down the spread of venom if the snake is poisonous. Seek medical attention as soon as possible. Dial 911 or call local Emergency Medical Services (EMS).

Apply first aid if you cannot get the person to the hospital right away. Lay or sit the person down with the bite below the level of the heart. Help the person to stay calm and still. Cover the bite with a clean, dry dressing.

- Do not pick up the snake or try to trap it (this may put you or someone else at risk for a bite).
- Do not apply a tourniquet.
- Do not slash the wound with a knife.
- Do not suck out the venom.
- Do not apply ice or immerse the wound in water.
- Do not drink alcohol as a pain killer.
- Do not drink caffeinated beverages.

Remember that most snake bites are non-venomous and that only remaining calm will get the victim to safety. Don't tease snakes and they will leave you alone. Snakes are more afraid of you than you are of them and you both can loose when you tangle with them.

Deny Mosquitoes a Breeding Pool

By Lt. Shelley Griffith, MPH, RS
Robert E. Bush Naval Hospital

Summer is fast approaching and with it come the mosquitoes that accompany our outdoor activities.

There are ways you can prevent these bugs from flying away with your outdoor barbeque happiness. Simple things in the yard can have standing water. Mosquitoes need water to make more little mosquitoes.

Take a look around the outside of your home and notice what has water sitting in it. Think of ways to provide drainage to those items to get the water out. Properly dispose of old tires so they don't become a hatchery for new mosquitoes. Potted plants need to have proper drainage to maintain a healthy plant and to prevent standing water. These are just a couple of simple tips that may help to make your summer more enjoyable.

Another way to plan outdoor activities is to understand that mosquitoes like to come out at dawn and dusk, just when it is warming up or cooling down here in the desert. Try to plan activities to end before the sun starts to go down. Protection from mosquitoes also can be accomplished by wearing long sleeves and jeans with covered shoes. This will prevent being bitten by a mosquito. Bug spray, zappers, and insecticide are also a choice, but it may be a smelly one.

If you would like to find more simple tips for enjoying summer activities just look at cdc.gov and epa.gov for more fun ways to stay healthy this summer.

You know where you want to go.

Sailor Career Toolbox

The tools you need to get there.

<http://www.npc.navy.mil/CareerInfo/CareerToolbox/>



Super Stars...



Hospitalman Oscar Gallegos, Blue Team, receives a Flag Letter of Commendation.



HM3 Dominique Lemons, receives special recognition at an informal dept. luncheon.



HM1 Robert Hartley, Patient Administration, takes the oath at his reenlistment ceremony.



HM3 Robert Sharkey, OB/GYN Dept., takes the oath at his recent reenlistment ceremony.



HN Edward Navarro, receives special recognition at an informal dept. luncheon.



Lt. Cali Scott, receives special recognition at an informal dept. luncheon.



Melissa Clark, Mental Health Dept. received the "Fish" award from her Department Head for Excellence in Customer Relations.



HM3 Joshua Culp, Blue Team, received special recognition at an informal dept. luncheon.



Lisa Pack, receives special recognition at an informal dept. luncheon.



HM1 Joaquin Barredos, LPO in the Directorate of Medical Services signs his reenlistment papers.



HM3 Shauna Galeazzi, Emergency Medicine receives a Flag Letter of Commendation.



Crista Pena, receives special recognition at an informal dept. luncheon.



HM1 Celeste Soza, Lab, receives the Military Outstanding Volunteer Service Medal.



HMC Augustus Delarosa, Manpower, takes the oath at his recent reenlistment ceremony.



Lt.j.g. Daniel Garcia Jr. a Nurse in the Emergency Medicine Dept. receives a Navy and Marine Corps Achievement Medal.



HMC Victor Isarraraz, Leading Chief of the Directorate of Medical Services, takes the oath of reenlistment on Apr. 1, the birthday of the Chief Petty Officers

In the Sp Emergency I

Continued from page
cine physician, two regis-
tered nurses and two
corpsmen. Others can be
called in as needed.

To operate the
Emergency Department
twenty-four hours a day,
365 day a year takes a
staff of 14 emergency
medicine physicians, 12
registered nurses, 10
corpsmen and 2 clerks.
The physicians and nurse
are a mix of both military
and civilian personnel.

The definition of emer-
gent care is the threat to
life, limb or eyesight...
that could be a threat to
your life, a fractured bon
or an injury to your eye.

The hospital's EMD
should never be treated a
a walk-in clinic; however
no one is ever turned
away from receiving care

"I would highly encour
age patients get seen by
their Primary Care
Manager (PCM), if possi
ble. Here at the hospital
we have established a
Patient Centered Medical
Home with the philosop
that the PCM who is
assigned to the patient is
responsible for providing
their medical care needs.
The Patient Centered
Medical Home has been
established in Pediatrics,
Gold Team, and Blue
Teams only.

"If a patient's provider
on leave, TAD or ill, then
any provider on their
Medical Home Team, ca
take care of them," said
Carrillo. "There are time
when patients cannot
come in during clinic
hours for care then yes,
they will be seen in the
Emergency Medicine
Department," he added.
But Carrillo pointed out
that patients need to keep
in mind "we are an
Emergency Medicine
Department and we
always take the sickest
first, and everyone else
will be prioritized for
care."

Sometimes patients may
have a wait between 2 to
4 hours...depending on

otlight...

Medicine Department a busy place



**HN Kiori Edwards,
Corpsman.**



**Andrea Galvan, civilian
Registered Nurse.**

multiple factors to include patient acuity, patient census, ambulance arrivals, and critical care transport coordination to higher levels of care.

According to Carrillo patients arriving at the EMD by ambulance are always seen first. "I would highly encourage patients to keep in mind that if they are calling for an ambulance to make sure it is a life threatening emergency. The use of Emergency Services shouldn't be used at the whim of making a trip to the ER... if you have shortness of breath, if you have chest pain and you perceive it as a life threatening illness, then yes I would encourage you to call 911," said Carrillo. "If a patient comes in by



**HM3 David Fitzgerald,
Corpsman.**



**HM3 Shauna Galeazzi,
Assistant LPO,
Corpsman.**



**HM2 Sonny Lemerande,
LPO, Corpsman.**

ambulance and it isn't a life threatening illness or injury you will essentially have taken one ambulance out of service," said Carrillo. "There are only two ambulances on base, and if one is responding then that ambulance is off line when it could be



**Lt. j.g. Daniel Garcia,
Navy Nurse.**



**HN David Goodman,
Corpsman.**



**HN Jake Higginbottom,
Corpsman**
responding to a true emergency on base," Carrillo added.

According to Carrillo the best times to be seen in the ER, if needed, are pretty much anytime of the day on Tuesdays through Thursdays. He pointed out that off pay-day weekends, the day prior and after a holiday and military special liber-



**Lt. Cmdr. Erin Griffith,
Navy Physician.**



**Eric Herbert, civilian
Corpsman.**



**Brian Gordon, civilian
Physician.**

Patients coming into the Emergency Medicine Department need to check in at the window in the Emergency Medicine Department Waiting area. If there is no one at the window because they are busy in the back, then there is a button that can



**Heather Hinshelwood,
civilian Physician.**



**HM3 Cedric Edwards,
Corpsman**



**Kenneth Jung, civilian
Physician.**

be pushed and someone will respond.

Once a patient is checked in, they will be called for triage by a Registered Nurse. The patient will be assessed and assigned an appropriate triage category of 1 through 5, known as the Emergency Severity Index. The number assignment is based on age, chief complaint, history of present illness, and vital

Continued on page 7



**Koichi Kunitake, civilian
Physician.**



**Kristine Penley, civilian
Registered Nurse**



**Stephen Pohl, civilian
Physician.**



**HM3 Benjamin
Reinhardt, Corpsman.**

Is it a spider bite or is it something worse?

By Martha Hunt, MA
Health Promotion and Wellness
Robert E. Bush Naval Hospital

According to the Centers for Disease Control and Prevention (CDC), if you think you have a spider bite, it might actually be an infection that needs medical attention. Your ‘spider bite’ could be a skin infection caused by either Staphylococcus aureus or MRSA. Staphylococcus aureus, often called ‘staph’ which is a type of bacteria commonly found on the skin or in the nose of healthy people. Approximately 30 percent of people have staph in their noses and do not have any symptoms. MRSA is resistant to commonly used antibiotics. In the past, MRSA was found only in healthcare facilities and caused infection in people who were already sick. More recently, MRSA has been in the news for causing infections in otherwise healthy people. What types of infections does MRSA cause? Most MRSA infections outside of hospitals are minor skin infections that may look like a spider bite - sores or boils that often are red, swollen, painful, or have pus or other drainage. These skin infections commonly occur either at sites of breaks in the skin such as cuts and scratches or areas of the body covered by hair (for example, the back of the neck, groin,

buttock, armpit, or beard area of men). Like other causes of skin infections, MRSA is usually spread from person to person through direct skin contact or contact with shared items or surfaces such as towels, razors, used bandages, and weight-training equipment surfaces. MRSA might spread more easily among Marines and Sailors because they have repeated skin-to-skin contact, get breaks in the skin such as cuts and abrasions that if left uncovered allow staph and MRSA to enter and cause infection, share items and surfaces that come into direct skin contact and have difficulty staying clean. Anyone can get a Staph infection. People are more likely to get a Staph infection if they have: skin-to-skin contact with someone who has a Staph infection, contact with items and surfaces that have Staph on them, openings in their skin such as cuts or scrapes, crowded living conditions or poor hygiene. How do you protect yourself from getting MRSA and other skin infections? Keep your hands clean by washing frequently with soap and water or using an alcohol-based hand rub. Do not share bar soap and towels. Wear protective clothing or gear designed to prevent skin abrasions or cuts. Cover skin abrasions and cuts with clean dry bandages or other dressings until they are healed. Avoid sharing personal items such as towels and razors that contact your bare skin. Do not share ointments that are applied by placing your hands into an open-container. If you think you have a MRSA infection, tell your health care provider. Watch for redness, warmth, swelling, pus, and pain at sites where your skin has sores, abrasions, or cuts. Sometimes these infections can be confused with spider bites. Treatment for MRSA skin infections may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to treat an MRSA skin infection yourself. Trying to drain it yourself could make it worse or spread it to others. This includes popping, draining, or using disinfectant on the area. If you think you might have an infection, cover the affected skin, wash your hands, and contact your healthcare provider.

...Most MRSA infections outside of hospitals are minor skin infections that may look like a spider bite - sores or boils that often are red, swollen, painful, or have pus or other drainage...

The 26th Annual Ridgerun Hosted by the Naval Hospital is set for May 10

In the spring of each year, an area known as 'Range 100' springs into life, bringing with it both anticipation and anxiety. These emotions are felt by many of the more than 250 people who show up for one of the largest sporting events the Naval Hospital holds annually. The 26th Annual Ridge Run will take place on Thursday, May 10, with registration starting at 5:30 a.m. The Ridgerun offers a modest 5k course, as well as a rugged and challenging 8k course. The 8k course will take runners over, around, and through the ridges and peaks that serve as a backdrop for the Naval Hospital. Individuals are welcome to register for either of the courses. This event is open to any active duty or civilian who wants to participate. If interested or you need more information call HM1 Soza at 760-830-2145 or HM2 Camacho at 760-830-2002. Cost: \$15, if paying in advance \$20, day of race Registration begins at 5:30 a.m. Race starts at 6 a.m. Funds raised during this event goes to the hospital’s Morale, Welfare and Recreation (MWR) committee which contributes to the annual Hospital Corps Birthday Ball and Navy Birthday Ball.

What are the Early Signs of Autism?

By Shari Lopatin
TriWest Healthcare Alliance

Did you know a child as young as 1 year old can show signs of autism, according to Autism Speaks? “If your child does have autism, early intervention may be his or her best hope,” the organization says on its website. If you’re planning to have a baby or are currently pregnant, getting to know the early warning signs of autism can be a huge advantage for you and your kids. In fact, research suggests if you already have one child with autism, your risk of having another autistic child increases by about 20 percent, says Daniel Openden, vice president and clinical services direc-

tor of the Southwest Autism Research and Resource Center (SARRC).

What are the early warning signs?

The following is a list of early warning signs that should serve as ‘red flags’ to get your child checked, from SARRC and Autism Speaks:

- * No good eye contact with you: babies learn through engaging with others.
- * No large smiles or other happy expressions by 6 months.
- * No variety of sounds (i.e. ba, ma, da) starting around 6 months.
- * No interest in exploring the world around them.
- * No back-and-forth sharing of sounds and facial expressions by 9 months.

- * No babbling by 12 months.
- * No single words by 16 months.

* No meaningful phrases (without imitating or repeating) by 24 months.

“Thus far, research presented by experts at several autism conferences suggests that, while we typically cannot reliably diagnose autism until children are about 2 years old, the earliest signs of autism may begin to emerge between 6 and 12 months of age,” Openden says.

My baby shows red flags. What should I do?

Talk to your pediatrician immediately. Together, you will determine the best steps to get your child evaluated for an autism spectrum disorder as

quickly as possible.

The Centers for Disease Control and Prevention (CDC) say that early intervention methods can greatly improve a child’s development. Therefore, if you suspect anything, don’t wait -- have your child evaluated and, if necessary, begin early intervention right away.

TRICARE Covers ABA Therapy

TRICARE, the military health-care benefit, covers Applied Behavior Analysis (ABA) thera-

py for eligible children under its Enhanced Access to the Autism Services Demonstration.

To get ABA services, children must have an active duty sponsor and be enrolled in TRICARE’s Extended Care Health Option -- or ECHO. Then, they must have an eligible diagnosis, be living in the United States and be 18 months or older.

The Autism Demonstration covers all therapies that fall under the umbrella of “Educational Interventions for Autism Spectrum Disorders,” which includes ABA.

Emergency Medicine...

Continued from page 5

signs upon presentation.

The number one category is a life threatening injury or illness, in most cases a one is assigned when a person has stopped breathing or their heart has stopped. A number one can also be assigned for mental illness for a patient who is actively suicidal or homicidal with altered mental status. A level 2 or 3 patient may be someone with shortness of breath or chest pain. “In the cases of one through 3 we would provide immediate care,” said Carrillo. According to Carrillo a level four patient is someone who may have a sprained ankle or sustained some orthopedic injury but is not a life or limb threatening injury. A level five category would be someone with an upper respiratory infection with no fever and they have had these symptoms greater than 48 hours. “This system allows us to prioritize patients in the order that they will be taken care of,” said Carrillo.

“Sometimes there are delays in the Emergency Department because our staff is working on a critical patient that requires a more comprehensive evaluation and they need to be stabilized so they can be transported by ambulance or flown out by air transportation. Our role in the Emergency Medicine Department is to stabilize

patients, and we do have a mix

of different patients with different triage categories and based on the number of staff, we do the best we can to expedite care so we can get patients feeling better and discharged, transported or admitted as soon as possible,” said Carrillo. The EMD has the capacity to call in a back-up provider if there is greater than 4 hour wait, a level one category patient that results in greater than 4 hour wait in the EMD, and patient surges from a single incident (e.g. vehicle roll-over) that overburdens resources and staffing.

The typical time a patient will spend in the Emergency Room here at the hospital for a non urgent problem is around 2-hours. “We are a nine-bed emergency department with patients suffering from various illnesses or injuries. Some patients require more care than others...keep in mind that we have one provider on duty with two registered nurses and two corpsmen. When patients come in the ED during busy times they can expect a longer wait to be seen and possibly a longer disposition time before they can be discharged,” said Carrillo.

Patients requiring medical advice can call TRICARE Online at 1-888-874-9378 or Military One Source at 1-800-342-9647. A consultant is available 24/7. The National Suicide

Prevention Hotline is at 1-800-273-TALK (8255). Another option is to contact the Naval Hospital Quarterdeck at (760)830-2190. A physician or Nurse Practitioner is available from 4 p.m. to 7 a.m. to answer any questions.

Emergency Medicine Providers can treat most acute illnesses or injuries, but the Emergency Medicine Department is not a patient’s Primary Care Manager. If the Emergency Medicine Provider recommends a patient to have a follow-up appointment within 24-48 hours, the department will have a copy of the Emergency Treatment Record available for clinic staff to pick-up the following morning. The clinic will contact the patient to schedule a date and time for an appointment. If the Emergency Medicine Department recommends follow-up as needed, the patient is required to call the clinic or use Relay Health in contacting the clinic for a requested appointment.

“There seems to be some confusion for the patient when told to follow up with their primary care provider and they show up without making an appointment,” said Carrillo. The Naval Hospital is a small community-type hospital where most specialty care is referred out. “We have a small Emergency Medicine Department,” said Carrillo. “The Department has a

Continued on page 8

Emergency Medicine...

Continued from page 7

small waiting room. When people come in with an upper respiratory infection, everything is done to prevent the spread of illnesses. We do provide masks to prevent the spread of illness and we advise patients with chicken pox or any skin infection to inform our check-in staff so they can isolate them from other patients in the waiting area to minimize exposure," he added.

The Emergency waiting area of any hospital is not a very comfortable place for someone with a cold or flu to be waiting for care, and it can prove hazardous for someone with a reduced immune system, or a newborn waiting to see an Emergency Medicine provider. All efforts are

made to triage and deliver care to patients in a timely fashion.

Routine or acute appointments can be made at the Robert E. Bush Naval Hospital, and even in many cases a

same day appointment can be scheduled with your Primary Care Manager by calling 760-830-2752. Patients enrolled to the Naval Hospital Twentynine Palms Patient Centered Pediatrics, Gold Team, or Blue Teams can sign up for Relay Health at www.relayhealth.com.



Charles Nixon, civilian Physician.



Lt. Corneilo Rustia, Navy Nurse.



HN Jordan Skaggs, Corpsman.



Som Harz, EMD, Clerk.



Lt. Cmdr. Aaron Stavinoha, Navy Physician.



Samuel Wilson, civilian Physician.



Lt. Cmdr. Robert Bernard-Wort, Navy Nurse



Lt. David Weltch, Navy Nurse.



Lt. Martin Marquez, Navy Physician.



Norma Noble, EMD Clerk.



HN Jeffrey Santos, Corpsman.



Steven Woods, civilian Registered Nurse.



Daniel Huhn, civilian Physician



Lt.j.g. Alessandra Lollini, Navy Nurse.